State of Tennessee Health Care Innovation Initiative

Executive Summary

Screening and Surveillance Colonoscopy Episode

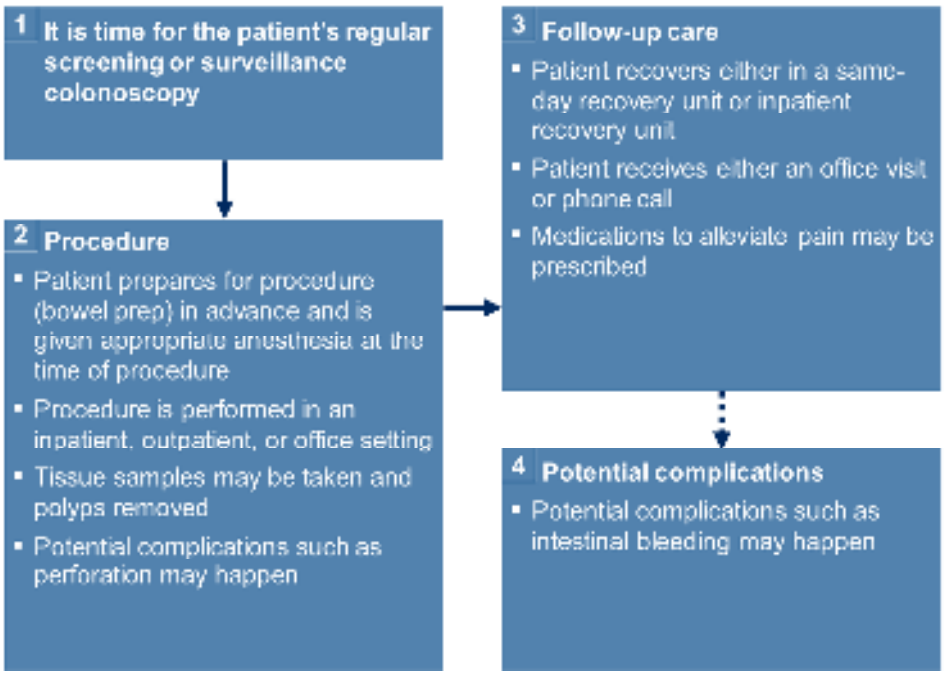
OVERVIEW OF A SCREENING AND SURVEILLANCE COLONOSCOPY EPISODE

The screening and surveillance colonoscopy episode revolves around patients who receive a screening or a surveillance colonoscopy. The trigger event is the colonoscopy procedure. All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the physician group of the physician who performs the colonoscopy. The screening and surveillance colonoscopy episode starts 30 days before the colonoscopy (or admission if inpatient) and ends 14 days after the procedure (or discharge if inpatient).

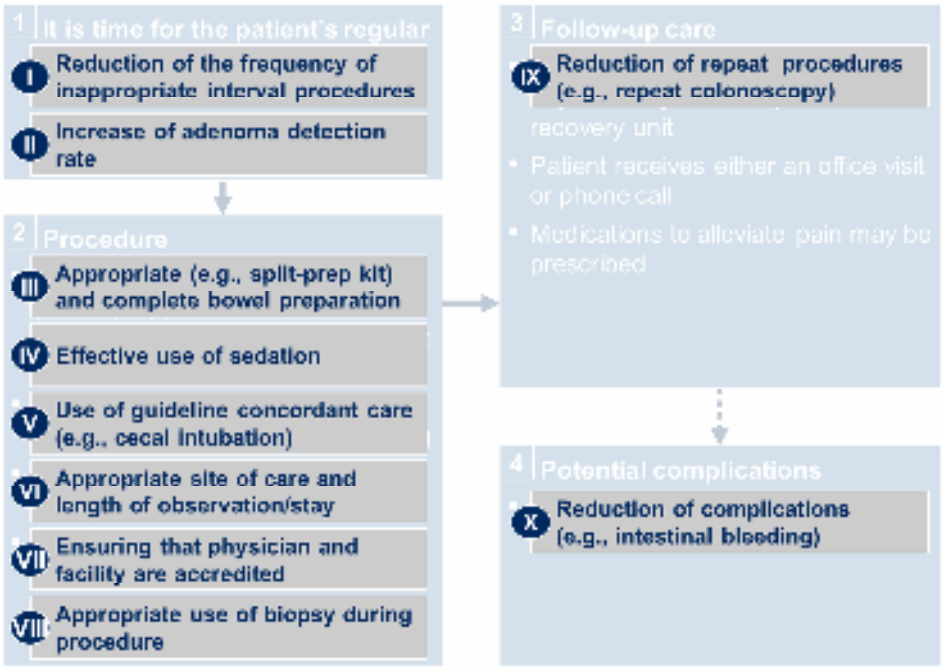
CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during a screening or surveillance colonoscopy to improve the quality and cost of care. Two important sources of value are the reduction of procedures that are done at inappropriate time intervals and the increase in adenoma detection rates. An appropriate and complete bowel preparation, as well as adherence to guideline-concordant care (e.g., cecal intubation), can lead to improved outcomes and cost effective care.

Illustrative Patient Journey



Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the screening and surveillance colonoscopy episode, the quarterback is the physician who performs the colonoscopy. All quarterbacks will receive reports according to their tax ID number.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the screening or surveillance colonoscopy in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

In the pre-trigger window, the episode includes only office visits to the quarterback and related medications. During the trigger window, all services and related medications are included. The post-trigger window only includes care for complications, evaluation and management visits to the quarterback, specific testing, and related medications.

Some exclusions apply to any type of episode, i.e., are not specific to a screening and surveillance colonoscopy episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Other examples of exclusion criteria specific to the screening and surveillance colonoscopy episode include a patient who has a colostomy or inflammatory bowel disease. These patients have significantly different clinical courses that cannot be risk adjusted. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of screening and surveillance colonoscopy episodes with factors likely to be impacted by risk adjustment include those patients with a history of diabetes mellitus, obesity, or hemorrhoids. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the screening and surveillance colonoscopy episode is:

- **Participation in a QCDR:** Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry (e.g., GIQuIC).

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Perforation of colon:** Percent of valid episodes with a perforation of the colon during the trigger or post-trigger windows.
- **Post-polypectomy/biopsy bleed:** Percent of valid episodes with post polypectomy/biopsy bleeding during the trigger or post-trigger windows.

- **Prior colonoscopy:** Percent of valid episodes with a screening, surveillance, or diagnostic colonoscopy within 1 year prior to the triggering colonoscopy.
- **Repeat colonoscopy:** Percent of valid episodes with a screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy.

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.